

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL BARRY FOR CONGRESS																																									
ADDRESS (number and street) PO BOX 2085																																									
CITY, STATE, and ZIP CODE MONROE NC 28111																																									
2. NAME OF CANDIDATE DANIEL B BARRY	3. OFFICE SOUGHT (State and District) House NC 09		4. FEC IDENTIFICATION NUMBER C00500710																																						
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																																									
<table border="1"> <thead> <tr> <th>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th>Name of Employer</th> <th>Date (month, day, year)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Richard Bruce Callahan 3103 Point O Woods Austin TX 78735</td> <td>NFPISI</td> <td rowspan="2">04/26/2012</td> <td rowspan="2">1000.00</td> </tr> <tr> <td>Transaction ID : F6.5378 Occupation Vice Chairman Emeritus</td> </tr> <tr> <td rowspan="2">B. FULL NAME, MAILING ADDRESS AND ZIP CODE Charles W. Stegall 7302 Timberneck Court Charlotte NC 28277</td> <td>Name of Employer Consolidated Planning Inc.</td> <td rowspan="2">04/26/2012</td> <td rowspan="2">1000.00</td> </tr> <tr> <td>Transaction ID : F6.5379 Occupation Financial Advisor</td> </tr> <tr> <td>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> <tr> <td>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> <tr> <td>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> </tbody> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Richard Bruce Callahan 3103 Point O Woods Austin TX 78735	NFPISI	04/26/2012	1000.00	Transaction ID : F6.5378 Occupation Vice Chairman Emeritus	B. FULL NAME, MAILING ADDRESS AND ZIP CODE Charles W. Stegall 7302 Timberneck Court Charlotte NC 28277	Name of Employer Consolidated Planning Inc.	04/26/2012	1000.00	Transaction ID : F6.5379 Occupation Financial Advisor	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation			D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation			E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation		
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SIGNATURE (optional) PAUL KILGORE		DATE 04/27/2012	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																						
[Electronically Filed]																																									

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FEC FORM 6
(Revised 07/2011)